

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH  
1. County of Yuma  
District of Yuma  
Town of \_\_\_\_\_  
or  
City of Imperial No. \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 115  
County Registrar No. 702  
Local Registrar No. \_\_\_\_\_

2. Full name of child Jessie Hannah Wright  
3. Sex of Child F (To be answered ONLY in event of plural births.)  
4. Twin, triplet or other \_\_\_\_\_  
5. Legitimate? Yes  
6. Date of birth 9 2 24  
Month day year

5. FATHER  
Full name Martin W. Wright  
9. Residence (Usual place of abode) Imperial  
If nonresident, give place and state Arizona  
10. Color or race White  
11. Age at last birthday 39 (Years)

14. MOTHER  
Full maiden name Hannah Anderson  
15. Residence (Usual place of abode) Imperial  
If nonresident, give place and state Arizona  
16. Color or race W  
17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Dayton  
(State or country)  
13. Occupation Watchman  
Nature of industry  
18. Birthplace (city or place) Dayton  
(State or country)  
19. Occupation H. Wife  
Nature of industry

20. Number of children of this mother (a) Born alive and now living 2  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.)

21. Were precautions taken against ophthalmia neonatorum? Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn.) at 4 P. m. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
Given name added from \_\_\_\_\_  
a supplemental report \_\_\_\_\_  
Month, day, year.

Signature C. E. Porter (Physician or midwife)  
Address \_\_\_\_\_  
Filed Apr 30 1924 C. E. Porter Local Registrar.  
Filed 10-6 1924 B. S. G. County Registrar.

1 63-902-815